



STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

Landscape Architectural Registration Exam (LARE) Information

(for initial registration as a Registered Landscape Architect)

Important Notice

Any individual seeking initial registration (by exam) as a landscape architect in the State of Tennessee must apply to the Tennessee Board for approval to sit for any portion of the examination. Application should be filed only after the awarding of the accredited degree and earning the required experience.

You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.

Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, you must have met the minimum education and experience requirements for registration, because the application fee is **not refundable**.

Residency Requirements

An applicant for registration by exam must meet Tennessee's residency requirement ([Rule 0120-1-.03](#)).

Deadlines

The application deadline for new applicants is currently January 15, but is subject to change.

Examination Dates

For information about examination dates, [click here](#).

Forms

(1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information in regard to design work on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to landscape architecture or not. You must show the minimum required years of experience at the time of application.

(2) Reference Form –

- Submit five references. Three (3) must be from registered landscape architects, registered architects, or registered engineers who are personally acquainted with your technical ability.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

(3) Request-For-Transcript Form –

- Submit the Registrar's letter to each post-high school institution attended. Your transcript(s) must be submitted directly to the Board office from each institution attended.

Fees and Scheduling Information

- Application Fee – **\$30** (non-refundable)
You must submit the application fee with your application. Make check payable to the **Tennessee Department of Commerce and Insurance**.
- LARE Examination Fees – Sections A, B, and D are now computerized and exam fees should be paid at the test site. You must schedule these with CLARB to take these portions of the exam after you have been approved by the Tennessee Board. The exam fees for Sections C and E are to be paid to the Tennessee Board. For current exam fees, [click here](#).
- Biennial Registration Fee – **\$140** (due after LARE is passed)

Sections A, B, and D are administered by the Council of Landscape Architectural Registration Boards' (CLARB) designee. To register for these sections of the examination, candidates who are approved by the Tennessee Board will need to register through the [CLARB](#) website. Candidates will need to indicate that they have been approved by the Tennessee Board when registering for the examination to have their exam scores sent to the Tennessee Board. Candidates may take the examination at any of the approved CLARB testing centers and examination fees (scoring and administration fee) will be paid at the testing center.

Sections C and E of the examination will continue to be proctored by the Tennessee Board in Nashville, Tennessee. To sit for these sections, candidates will need to advise the Tennessee Board in writing of their intent to sit and submit the appropriate examination fee (and retake fee, if applicable) directly to the Tennessee Board no later than March 30 for the June examination administration and September 30 for the December exam administration. Scheduling letters are sent approximately four weeks before the scheduled examination administration.

Disability Accommodations

If you have a disability that requires special accommodations to take the exam, you will need to provide the appropriate documents ([Request for Accommodation](#)) to this Board at the time you submit your application.

Review Procedure

When your application packet is complete, it will be circulated among the members of the Landscape Architect Committee of the Board for review. If approved to take the Landscape Architect Registration Exam (LARE), the Board office will notify CLARB of your eligibility to take the exam. The review may take up to eight weeks.

Score Reporting Procedures

The Tennessee Board will notify you of your official test results for both the computerized and graphic portions of the examination after they are received from CLARB. You may also view unofficial examination scores on [CLARB's website](#).

Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

Board Contact

If you have questions about any of this information or about your application, call Joyce Shrum, Architect Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: joyce.shrum@state.tn.us



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<http://www.state.tn.us/commerce/boards/ae/index.html>

APPLICATION FOR REGISTRATION TO PRACTICE AS A LANDSCAPE ARCHITECT

Type or print legibly

Full Name _____
Last First Middle

Social Security No. _____ Date of Application _____

Residence Address _____ City _____

State/Zip _____ County _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City _____

State/Zip _____ Official Capacity _____

Business Phone No. _____ Fax Number _____

E-Mail Address _____

Address for Correspondence: _____ Business _____ Residence _____

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English? _____ Yes _____ No

I am applying for registration by:

_____ Examination

Do you have a disability which may require special accommodations in taking an examination? _____ Yes _____ No

_____ Comity _____ Reapplying CLARB Certificate Number _____

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprpd	Board Member	Date	Aprvd	Dis-aprpd

Full Name _____

All information MUST comply with instructions or the application will be returned.

If you have ever changed your name through marriage or through action of a court, or have ever been known by any other name, please list name(s) and date(s) of change _____

Have you passed the written CLARB examination? _____ Yes _____ No

If so, name state/territory and year _____

Have you passed a written examination in any state? _____ Yes _____ No

If so, name state/territory and year _____

In what states are you registered? _____
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them _____

List membership in technical or professional organizations _____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

_____ Yes _____ No

If so, name state and year _____

Have you ever been convicted of a felony? _____ Yes _____ No

If so, name place and year _____

EDUCATIONAL BACKGROUND

Name and Address of Institution Received	Attendance (From - To)	Date of Graduation	Major Course	Degree

Full Name _____

EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

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	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

REFERENCES

List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	State of Registration	Employer Past Employer Client	Complete Address

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission expires _____

Attach a photograph
Taken in the last 12 months

HEAD AND
SHOULDERS ONLY



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NASHVILLE, TN 37243-1142
615-532-9410 (FAX)

REFERENCE

THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to
practice _____ architecture
_____ engineering
_____ landscape architecture

Please send the information requested on the reverse directly to the Board office in the envelope provided.

(Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see reverse)

Applicant's name _____

TO BE COMPLETED BY THE REFERENCE

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From _____ to _____ inclusive
2. Are you in any way related to the applicant? _____ What relationship? _____
3. What has been your connection with the applicant? _____

4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?

5. What is your opinion of the applicant's personal integrity and general character? _____
6. Please give your estimate of the applicant as an ____ architect ____ engineer ____ landscape architect. _____

7. To your knowledge, has the applicant ever been convicted of a felon? _____
8. Would you employ the applicant in a position of trust? _____

9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? _____
10. If the applicant is in individual practice, please indicate the nature of the practice _____

11. Do you recommend the applicant for registration? _____
12. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the reverse side of this form.

- a. My full name is _____
(to be typewritten or printed)
- b. My present employer is _____
- c. My title or position is _____
- d. I am/am not a registered
____ architect
____ engineer
____ landscape architect in the State of _____ License No. _____

(Date)

(Signature)

(Address)



THE REGISTRAR

I am applying for registration as a/an

____architect ____engineer ____engineer intern ____interior designer ____landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my academic record.

I attended _____ from _____ to _____
College or University

and graduated on _____ with a degree in _____
Date Type of Degree

under the name of _____

My social security number is _____

I will appreciate your forwarding a transcript of my record as soon as possible to:

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If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,